

CALIFORNIA'S HEALTH

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SEP 29 '44

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STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO (14), 831 J STREET, 2-4711

SAN FRANCISCO (2), 668 PHELAN BLDG., 760 MARKET ST., UN 8700

LOS ANGELES (12), STATE OFFICE BLDG., 217 W. FIRST ST., MA 1271

VOLUME 2, NUMBER 5

SEPTEMBER 15, 1944

GUY P. JONES
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INTERNATIONAL HEALTH

One of the world's best informed experts in international health is Dr. Wilbur A. Sawyer, who is now Director of Health for the United Nations Relief and Rehabilitation Administration. He has just assumed the important duties of this office following a service of a quarter of a century with the International Health Division of the Rockefeller Foundation. At the time of his retirement from the Foundation in June he was Director of the Division. Prior to his association with the Rockefeller interests he was Chief of the Division of Laboratories and finally Director of the California State Department of Public Health. He recently addressed the New York Academy of Medicine, where he presented the Hermann M. Biggs Memorial Lecture under the title, "International Health."

Following are extracts from this address that present information of vital importance at the present time:

What will be done on the international level to protect and promote health after this war? The opportunities will depend in large part on momentous decisions in the political field, and any plan would be on the assumption of a period of peace and security. The same problems were faced after the last World War when the Health Organization of the League of Nations was created to guide and assist international cooperation in health. Its achievements were notable and the setback which came with the collapse of the League was through no fault of its own. The fundamentals of a future health organization will probably be determined by the overall world organization to be brought into being by our statesmen. The question may be raised in their deliberations why health matters should be included among those of prime international concern. It may even be suggested that, except for the administration of international conventions, the protection of

health be left exclusively to the individual countries. On what experience and evidence do we base our conviction that an official international health organization with a broad field of interest is desirable and even essential if man is to enjoy a reasonable measure of physical welfare along with the hoped-for enduring peace?

EARLY INTERNATIONAL HEALTH ORGANIZATION

The oldest and most generally accepted international health function is the regulation of quarantine. When it became realized that plague, cholera, and yellow fever could be carried by ships, it was natural that frightened countries should take drastic measures to protect themselves through quarantine. Ships were detained and merchandise destroyed, with every country acting for itself. Inevitably such individual and sometimes capricious and excessive action led to a demand for regulation through international agreement. Beginning in 1851 a series of international conferences was held in Europe and produced understandings with regard to maritime quarantine, and in 1892 the first "sanitary convention" was produced. More meetings followed and in 1902 there were established for the American republics the Pan-American Sanitary Conferences. In the hope of achieving world-wide agreement in matters of quarantine, the International Public Health Office was authorized at a convention in Rome in 1907 and soon afterward was provided with headquarters in Paris. It has since then been the principal agency for framing international conventions in health, bringing them before the interested nations for adoption, and taking care of their administration. To act wisely in planning agreements it has been necessary for the office to weigh a wide range of experience and observations at its meetings, for the situation is ever

changing. Over a decade ago the rapid expansion of travel by air brought urgent problems to which the rules for maritime quarantine were not applicable. Air routes were being planned between the known endemic areas of yellow fever in Africa and highly vulnerable countries like India. So the office after due deliberation prepared a Sanitary Convention for Aerial Navigation which has helped solve the knotty problem of limiting the spread of yellow fever and other diseases by airplane.

After the first World War the need for an international health agency with wider scope was recognized. Administration of quarantine measures to prevent the spread of certain pestilential diseases between countries was no longer considered sufficient, so in 1923 the Health Organization of the League of Nations came into being in Geneva with a greater range of activities. The advantages of the absorption of the International Public Health Office by this new agency were carefully weighed, but merging the two was impossible, for the assent of the governments which had set up the office could not be obtained. The two organizations therefore functioned separately, but with a system of liaison which lessened the disadvantages. Both organizations are now almost at a standstill because of the war, and it should be an opportune time, when the general plans for world health organization are again formulated, to consider just how the world health agency had best be set up and with what range of activity. The separate functioning of the two agencies—the International Public Health Office, with its interest limited to the prevention of the spread of major communicable diseases, and the Health Organization of the League—had one advantage. It brought out clearly that there were many important new functions for an international health organization and that quarantine would be only a minor part of the ideal program.

The organization which I have served for the past quarter century is a nonofficial agency for international public health work, and its experiences as a pioneer in this field illustrate several of the points which I wish to make. The International Health Commission of The Rockefeller Foundation was established in 1913 and renamed the International Health Board in 1916 and the International Health Division in 1927. It is a private agency, but its world-wide activities, like those of the official international health organizations, are carried on with and through governments and at their invitation. Its health work is largely on the frontiers of public health knowledge where it explores a few selected fields with a large measure of freedom for the purpose of helping governmental health departments to become more effective. When useful new knowledge and experience in its application have been

acquired, the division withdraws, leaving it to the official health authorities to follow up the gains. To strengthen the cooperative programs and increase their prospect of permanency, the division trains professional staff for the governments through fellowships and frequently gives travel grants so that officials can compare their own health work with that of other countries. These activities and the policies followed had their counterpart in the program of the Health Organization of the League of Nations. In fact, in the early years of that agency, The Rockefeller Foundation contributed financially toward items of its program, realizing that the new organization and the International Health Division had many common objectives.

QUARANTINE

Quarantine still plays an important role in international health, though a much changed one. Ships are seldom held up for any great length of time, and radio pratique enables many vessels to reach their docks without noticeable delay. The quarters for passengers at quarantine stations are largely empty. Immigrants are examined as far as possible before they sail. Steps are taken to keep ships rat-free. More attention is being given to the control of dangerous disease in the exporting countries where it is prevalent, and to making the receiving countries as nearly noninfectible as possible.

Malaria offers an example of an important disease to which the ordinary type of quarantine can hardly be applied. Malaria is widespread in most tropical and subtropical regions and present in the United States. We hear it called the "number one disease" in the present war. Infected travelers or soldiers returning to this country after visiting malarious regions may apparently be well after an attack but may nevertheless come down later with a relapse, infecting local anopheline mosquitoes and starting new outbreaks. Quarantine at the borders would be of little avail. Reliance must be placed chiefly on recognizing the relapses so that prompt treatment will be given and on making the community noninfectible by intensifying mosquito control where dangerous anophelines are present.

There is a phase of malaria control, however, which requires the vigilance of quarantine officers and also serious international cooperation. Some anopheline mosquitoes are much more effective in transmitting malaria than others. Certain islands of the Pacific are free from anophelines while others are swarming with dangerous species. The transfer of effective anopheline vectors from continent to continent or between islands by airplanes must be controlled. This is now being done on an increasing scale by spraying planes with efficient insecticides at airports and during flight.

Needless to say, this requires a high degree of international cooperation.

CREATION OF NEEDED KNOWLEDGE

Medical and public health discoveries are as a rule rapidly and widely proclaimed through scientific journals in accord with the established tradition that the whole world is entitled to the benefits of such information. Independent scientific publication and international professional meetings should continue under conditions of maximum freedom. Nevertheless, both the production of public health knowledge and its distribution can be greatly facilitated and augmented by suitable international organization and assistance.

It is not infrequently said by those who view the endless parade of scientific publications and announcements, that we know almost enough and that the urgent need is for organization to apply existing knowledge. One who goes into the field to do the applying, however, is quickly disillusioned. He finds that the unknown is vastly greater than the known, and soon his road ends at the chasm of a missing essential fact. One such difficulty was faced and overcome, for example, when Walter Reed and his associates, spurred on by a pressing need in Cuba, determined definitely that yellow fever is transmitted by a mosquito. Given this knowledge, sanitarians could immediately transform desperate and futile efforts of control into most effective ones.

It is the scientific worker in the field and the official responsible for disease prevention who see most clearly what the crucial missing facts are. Likewise the health workers in the international field have the best view of the needs of the world as a whole. In addition to the fundamental investigations in our well-equipped institutions of teaching and research, there must always be field research and related laboratory studies focused sharply on a recognized immediate need. The research, though thus directed to a practical end, can nevertheless be kept on the highest scientific level if suitably organized and adequately supported. It will be most fruitful if carried on, with international direction and assistance, in the countries offering the best opportunities for the study of the diseases in question in their natural environment. Research is necessary in the depths of the jungle and in country villages, as well as in the laboratories of our large cities.

COOPERATION IN DISEASE CONTROL

In time of war the mention of typhus fever makes one shudder, and a failure to speak of this companion of misfortune and misery would be a glaring omission. With armies taking extreme precautions through immunization and delousing, there probably will be no disasters in the military forces comparable to what

befell Napoleon's retreating troops, but it must be expected that international assistance, and plenty of it, will be needed by civilian communities disrupted by war, deprived of soap, limited as to water supply, and with health services disorganized. Many nations, and the American Red Cross as well, gave assistance in fighting the terrible Serbian epidemic of 1915, and the League of Nations' Epidemic Commission took a leading part in 1920-21 in marshalling health agencies for typhus control in Poland.

It should now be possible to work more effectively than during and after the last war, for methods have been improved, and health organization has been developed. With the new and highly effective insecticidal powders, and the simplified methods of application by blowing them through the hair and clothing, it will be practicable to set up an organization within the local health department which can treat infested people in their homes or at convenient health centers and prevent the transmission of typhus. The activity could be systematically controlled by louse counts and indices so that the local extermination of the insect would be expeditiously accomplished and its continued absence insured. By such methods typhus has already been stopped abruptly in institutions and communities. The old methods of clipping the hair and steaming the clothes, often ruining cherished articles, can be relegated to history along with the resistance they inspired. The newer methods were given preliminary trials in Mexico and North Africa by the International Health Division with the cooperation of local health authorities. The response of the people to this opportunity for relief from lice is uniformly favorable, even when the fear of typhus has ceased, and sometimes the insistent demands are almost overwhelming.

This eagerness to get completely rid of lice is in sharp contradiction to cynical prophecies which had been made to us. It had been predicted that the people would resist because of a superstition that some degree of lousiness was necessary for health. This slander probably has as little foundation as the oft-quoted belief of some of our reactionaries that if you gave bathtubs to tenement dwellers they would be used for storing coal. In one country the prevailing attitude was well illustrated by a grateful woman who returned the day after her clothing had been powdered to say that she was fifty years old and that for the first time she had slept through the night without awakening to scratch. No wonder that the insecticide has even been referred to as a sleeping powder or that a boy was caught pilfering it for sale at a high price on the black market.

Dr. F. L. Soper, of the staff of the International Health Division, after having successfully directed

campaigns for the eradication of *Anopheles gambiae* and *Aedes aegypti*, is now enthusiastically applying extermination techniques to the louse. Some months ago he reported from a foreign country that since the necessity for removing clothing before administering the powder had been obviated it was possible to apply the insecticides in homes, schools, courtyards, and a garage—"just wherever it was possible to find two or three lousy ones gathered together." On one Saturday the entire population of a district, according to the local authorities, came to two points on the automobile highway to be powdered. As a result of the continuing investigation and experience of the International Health Division, the United States of America Typhus Commission, and health officials in various countries, it should be possible after the war to take a world view of the typhus situation and get rid of the louse-borne disease wherever it has become entrenched. Vaccination, which at least diminishes mortality, would be an additional weapon in fighting typhus.

A dying man with weakened heart and swollen legs, a sufferer from beriberi contracted by eating over-polished rice, is just as much the victim of preventable disease and community neglect as if he were succumbing to cholera or typhoid. Now that the causes of nutritional deficiencies are becoming better understood and their correction is more practicable, the diseases of malnutrition are slowly beginning to take their rightful place beside those caused by infection as responsibilities of the public health authorities. Field investigations are becoming more practical and productive, and as a result useful knowledge is accumulating. Nutritional disease requires the same types of investigation—clinical, physiological, epidemiological, and laboratory—as do the other diseases studied by health departments. After a prevalent nutritional deficiency has been investigated and identified by the health authorities, the correction of the causes in the community often involves cooperation with agencies interested in economics and agriculture. The responsibility for the trouble is frequently shared by other countries and international cooperation is therefore necessary. A great impetus to the movement to investigate and improve nutrition was given by the League of Nations' Mixed Committee on the Relation of Nutrition to Health, Agriculture, and Economic Policy, which brought out its final report in 1937. Another important step has just been taken by the United Nations Conference on Food and Agriculture, at which the decision was reached to set up a permanent international organization in the field of food and agriculture. This organization dealing with many subjects besides human nutrition should be a source of help and strength to the

technical groups interested in nutrition in the international health organization.

DISTRIBUTION OF CURRENT INFORMATION

Any future official international health organization will, I hope, follow the example of the League's Health Organization in its excellent system of collecting and distributing current health information for the benefit of all countries. The Epidemiological Reports appeared quarterly and gave statistical tables showing for many countries the reported cases of important diseases and the deaths. To me the most useful information was in its summaries giving the accumulated information on the epidemiology, distribution, and control of various distribution, and control of various diseases of special interest. These reviews were in English and French and were accompanied by informative maps. This publication has stopped, but reviews of specific diseases are still appearing in the Bulletin of Health Organization, and the Weekly Epidemiological Record is arriving as a leaflet. At the height of its activity the League maintained a Far Eastern Branch Office which received health reports from eastern countries and from ships and broadcast the information by radio. To gather and prepare the statistical and epidemiological material, there was in the Health Section of the League an effective Service of Epidemiological Intelligence and Public Health Statistics. Through such a system of collection and publication all the world could receive prompt notice of health events as they happened and could be forewarned of new disease hazards.

INTERNATIONAL STANDARDIZATION

Many of us have been irritated during our travels by the lack of international agreement on rules of the road, alphabets, and weights and measures. Even in the health field the lack of standardization may be annoying and even dangerous. We can thank the League of Nations for bringing about uniformity in the standardization of curative and protective sera, hormones, and other biologics, and even vitamins and some drugs. The League's Permanent Commission on Biological Standardization has carried the responsibility for this activity. Standard preparations have been sent periodically to many countries for use in keeping the local units of strength in agreement with those adopted internationally. Before the League was established international commissions were already preparing and revising the International List of Causes of Death. Doubtless in other matters it will be found that international standardization is necessary to prevent dangerous variation among the units and terms in use in different countries.

SOME FUNDAMENTAL PRINCIPLES

For a maximum of success there are certain principles which should be observed by any international health organization that might be set up after the war:

It should help and advise the technical health officials of the several nations and facilitate cooperation among them, but without assuming to be a superimposed agency directing their work.

Full-time service, with salaries consistent with such service, should be advocated, and educational assistance should be made conditional on such service.

Enslavement by routine should be avoided. The first aim should be to lead in searching out and defining important health needs, anticipating dangerous situations, and devising more effective methods than those we now have for protecting and improving health.

Dealings should be directly with technical health officials, and the activities of the international health organization should be free from secondary political ends. In international cooperation in the health field all effort should be concentrated on the one enemy who has no friends—disease.

THE FUTURE

The world has shrunk greatly since the early days of ship quarantine. Measured in travel time every region is now close to every other. National barriers at frontiers are increasingly futile, whether they be military fortifications, high tariffs, or rigid quarantine. In each case international cooperation for common benefit is the only possible substitute.

Before making a forecast of anticipated progress in international health procedure it might be profitable to summarize its evolution up to the present. In the first stage there was only quarantine against a few pestilential diseases. In the second, there was more knowledge as to the nature of diseases and the manner of their spread, and a growing tendency for nations to act in concert in controlling the more serious ones, like plague, in the ports of origin as well as through quarantine. The third and present stage finds conventional quarantine in a minor place. The terror and helplessness inspired by many diseases have largely disappeared. More diseases can be suppressed through immunization; many insect vectors are now known and controlled; the influence of social and economic factors and nutrition in ill health are becoming better understood; and as a result of all this the procedures of prevention are becoming more diverse, highly technical, and increasingly efficient.

At the present moment the war interest has forced greater attention to the exotic diseases and has revealed the relative neglect with which our medical teaching has treated the maladies peculiar to our neighbors on

this contracting globe. Steps are being taken to correct this. Since the first World War an invaluable experience in international health relations has been accumulated in many a country and a nucleus formed of trained health experts, including a growing body of public health nurses. These assets will count in the next advance, but they will have to be multiplied.

The fourth stage is in the future, and we can only speculate about it. There will probably be still less reliance on conventional quarantine and more on the control of disease wherever it is discovered. As such control will be for universal benefit, we hope that it will be fitted into a world plan, formulated internationally, and that expert or financial assistance, needed by the national health authorities in any country, will somehow be made available by the central organization. It is of world-wide importance, for example, that the control of yellow fever should be centered in the endemic areas of Africa and South America and supported by the combined agency of all the benefiting countries. When world strategy requires that an intensive fight must be made in some country to keep it from becoming a stepping stone for a disease or insect vector, like *Anopheles gambiae*, toward other lands, then the world should be ready to help direct the effort and pay for it.

Is it too much to hope that the central organization through its conferences will direct attention to the universal distribution of mental disease, the common cold, and dental caries, evaluating their importance and using its influence and support to stimulate the research which will have to precede effective prevention?

Just as we expect the world to organize to prevent war anywhere before it gets started, so we look forward to the time when all countries will combine to extinguish the sparks of pestilence before the flames begin to spread, and to obtain the knowledge necessary for action. This would be far easier than to let diseases rage here and there and then try to stop them at a thousand boundaries.

We can hope and expect that the rehabilitation function of the United Nations Relief and Rehabilitation Administration in the field of health will be so exercised as to encourage the rapid recovery or reestablishment of self-reliant National health departments and to demonstrate the advantages of international cooperation. Then should follow the golden opportunities that will come with peace. We envisage a world with many active National health departments, each of which meets its responsibilities to its own Country, enters into organized cooperation with the other nations, and plots an unending war against disease under the generalship of a strategy board for the world.

PALO ALTO ISSUES ANNUAL REPORT

The annual report of the Palo Alto Health Department, Louis Olsen, Health Officer, for the year 1943, has just been issued. This report covers the thirty-third year of full-time health service for Palo Alto. It follows a standard form that has been used for a long period of years. The record is in concise form and the valuable information that it contains is presented in readily available form. Among the high lights in the report are the following:

The average age of death in the city in 1943 was 64.8 years, with 49 per cent over 70 years of age.

The total death rate was 10.5 per 1,000 population.

The birth rate for the year was 17.8 per 1,000 population.

The record of communicable disease control in Palo Alto is enviable. Not a single case of diphtheria has appeared for six years and there has been no smallpox for twelve years. Infantile paralysis appeared in 1943 for the first time since 1940 with a total of 22 cases, one of which was fatal. Two adults were left with extensive paralysis but both showed improvement at the end of the year.

The infant mortality rate was 20.7, one of the lowest infant mortality rates recorded in any California community. The seven infant deaths were due to whooping cough (1), pneumonia (1), congenital malformation (2), premature birth (1), injury at birth (1), and other diseases of the first year (1).

Eighty per cent of the elementary school children in the city have been immunized against diphtheria and 80.3 per cent have been vaccinated against smallpox.

The tuberculosis death rate for 1943 was 0.105, with only two deaths from the disease during the year. This is a remarkable record as the estimated population of the city for 1943 at midyear was 19,000.

Palo Alto participated in the Emergency Maternity and infant Care Program which provides medical, nursing and hospital maternity and infant care for the wives and infants of enlisted men in the armed forces in the four lowest pay grades. This activity started August 24, 1943, and during the four months that it was in operation, 74 cases were authorized for maternity care and two for child care. The magnitude of the program in Palo Alto is indicated in the fact that of 1,315 births reported during the year, 278, or 21.2 per cent of the total, were to wives of service men.

The school health program in Palo Alto is carried on jointly by the school and health departments. The personnel employed by the school board includes a school physician, school dentist and three public health nurses, with clerical assistance as needed. The nurses are employed jointly by the school and health departments

thus preventing any overlapping in public health nursing services.

The per capita cost of the Palo Alto Health Department in 1943 was but 90 cents. The cost of the school health program during the same period was 59 cents, making the total expenditure for activities supervised by the health department \$1.49 per capital. Since 1918 the per capita cost of the Palo Alto Health Department has remained between 80 cents and \$1.

In addition to these activities the department carries on routine activities in the maintenance of child health clinics, food, dairy, milk and water inspection, general sanitation, laboratory, and general health education.

MIGRATION BRINGS "MUMBO-JUMBO" TO CALIFORNIA

The tremendous rush of humanity into California at the present time in many respects takes on the color of the Gold Rush of the days of '49. Not only has it brought large numbers of individuals who are trustful or possessed of an innocent faith in matters concerning cures and drug remedies, but it has also brought a large number of individuals who are willing to distribute nostrums and miraculous remedies to the gullible. The Bureau of Food and Drug Inspection has reported that a great many new, simple preparations, intended for home use have been submitted by negroes recently arrived from other states to supply the greatly enlarged colored populace of California. Most of the products are unintentionally misrepresented and falsely advertised. It is with great difficulty that these purveyors are made to realize that because some member of the family or a friend recovered from some illness through the use of a magic formula it is not necessarily true for other people who suffer from other maladies. Following is a copy of a typical advertisement used in connection with one of these products:

"The Premium Ens Melissa is a Rejuvenator and Restorer of Vitality to both Man and Woman and especially in cases where there is a rundown condition, weakness in women in child bearing, and in syphilis cases and impure blood. It rejuvenates and makes a man or woman new again and purges out all impure germs and fortifies him against many contagious disease. It is a powerful medicine. Just two or four drops is a dose, and if taken in a half-ounce size glass of white wine every morning after about fourteen or sixteen day it will cause you to shed of your toenails and fingernails in a bad case of syphilis or impure blood. And you will put on new toe and fingernails more beautiful than before without pain * * *

The State Department of Public Health has under investigation liniments falsely advertised for rheumatism, arthritis, sciatica and so forth; dehydrated vege-

tablets containing a wide variety of vegetables, each of which is present in almost infinitesimal amounts; Indian herbs actually compounded by a real Indian on a reservation, which were offered for the relief of everything from cancer to pediculosis.

Apples for Insecticidal Purposes

Almost half a million pounds of dried apple pulp were released from quarantine in Los Angeles on the last day of June with the proviso that the product be transferred to a chemical house for exclusive use in the manufacture of insecticides. This material, labeled "For stock food" and "For insecticide purposes," was placed under quarantine on the premises of a manufacturer of jams and jellies. A hearing failed to give a satisfactory explanation as to why this material, contaminated with rodent hairs, insects, insect excreta, excessive arsenic and lead residues was used in the manufacture of a concentrated apple solution used as pectin in the manufacture of jams and jellies.

Ship Stores Salvaged

Supervision of damaged foods—ship stores or cargoes—affected by improper, adverse storage conditions, presents a problem in San Francisco. This has required the recent sorting of almost 200,000 pounds of alimentary pastes and flour because of insect infestation, nearly 150,000 pounds of flour, mold damaged and insect infested, and 30,000 pounds of sugar damaged by water.

A ton of cashew nuts was reconditioned recently through shaking, brushing and hand-picking on a belt. As a result, 150 pounds of dirty, adulterated material was discarded and the balance released as passable. A lot of 100,000 pounds of insect-infested shelled peanuts was placed under quarantine for proper reconditioning.

Stocks of groceries and liquors in restaurants, bars and meat markets, were checked for salvage after fires had occurred in such places in Los Angeles, Long Beach and Modesto.

Fresh Mexican pineapple imported into California is showing deep brown discoloration at the core. Seven carloads, totaling 140,000 pounds, have been quarantined in cooperation with the United States Food and Drug Administration. The discoloration is said to be due to insufficient irrigation. The fruit is diverted to firms that are equipped to cut and trim each pineapple. The good fruit is then prepared for sale to preservers. Every effort has been made to prevent the untreated fruit from reaching retail markets as there is no exterior indication of the interior discoloration.

Cheese Investigation Ended

Following the appearance of a considerable number of typhoid fever cases in several counties of California,

steps were taken to prevent the distribution of those types of cheese that were determined to be responsible for the outbreak. A new law requiring the pasteurization of milk used in these types of cheeses that were involved was invoked. All quarantines of suspected cheeses—Romano Dolce, Teleme and high moisture Jack—were automatically released from quarantine because of the expiration of the time limit required by the new law for curing. All lots of quarantined cheese have been released after establishment of the fact that the products are safe for distribution. Local health departments and the State Department of Agriculture cooperated in the control of the manufacture and distribution of these suspected cheeses. The action taken in the control of the product produced several notable results which may be mentioned as follows:

1. Control of the epidemic and cessation of new outbreaks.
2. The inauguration of an enduring, progressive step in cheese manufacture through the enactment of special legislation which requires the pasteurization of milk entering into cheese, or a 60-day curing period for cheese made from unpasteurized milk.

WARTIME HEALTH CONFERENCE ANNOUNCED

The Second Wartime Public Health Conference, emphasizing "Tools From The War" will be held in the Hotel Pennsylvania, N. Y., October 2, 3, 4, and 5. Thirteen organizations will coordinate their own conferences, demonstrations and symposiums with the Seventy-third Annual Business Meeting of the American Public Health Association in discussion and evaluation of all phases of public health protection that will have far reaching effects in the post war world.

New global frontiers in public health will be reported by some of the pioneers who helped establish them. New diseases encountered by American armed forces in various parts of the world, insect problems, control measures against importation of disease by returning veterans, and new disinfectants are among the things that will be discussed.

From the civilian front will come reports on sanitary engineering, laboratory techniques, milk control, dental care, social and industrial hygiene, school health, public health nursing, wartime nutrition, wartime food and drug adulteration, air borne infections, and various diseases.

More than 300 health officials will read papers or participate in panel discussions. The organizations meeting jointly with the American Public Health Association are: American Association of Public Health.

Dentists, American Film Center, American School Health Association, American Social Hygiene Association, Industrial Nursing Consultants, Municipal Public Health Engineers, Reciprocal Sanitary Milk Control, State and Provincial Public Health Laboratory Directors, State Directors of Public Health Education, State Directors of Public Health Nursing, State Sanitary Engineers, Teachers of Preventive Medicine, National Publicity Council for Health and Welfare Services.

MORE MARRIAGES REGISTERED

During the first six months of 1944 marriages in California increased 17.8 per cent over a similar period of 1943. The June, 1943, record of 10,559 marriages was not equalled in June of 1944, when 8,912 such events were registered. Every other month of the period in 1944, however, recorded increases. The numbers of marriages, by months, registered in California January to June, inclusive, in 1943 and 1944 are as follows:

	1943	1944
January	5,902	7,603
February	5,683	7,591
March	6,328	7,501
April	6,198	7,951
May	7,229	7,812
June	10,559	8,912
	41,899	47,370

CHILDREN WITH HEART DISEASE ARE STUDIED

For almost three years an intensive study of children suffering from heart disease has been carried on by the department in Contra Costa and Solano counties. During this period, 442 children with heart disease or suspected heart disease have been examined in the cardiac clinics conducted by the department. In 235 of these children a positive diagnosis of acute rheumatic fever or of actual or potential heart disease due to rheumatic fever has been made. Both of these counties have increased greatly in population since the war began and coincidentally with the period under which the demonstration has been operating. Only 35 per cent of all children examined had been in California more than three years. It would appear, therefore, that 70 per cent of the children with rheumatic heart disease had suffered their first attacks in California. It has heretofore been a matter of common opinion that rheumatic fever is less preva-

MORBIDITY REPORT—AUGUST, 1944

Reportable diseases	Week ending					Total cases	5-yr. median	Total cases
	8-5	8-12	8-19	8-26	9-2	Aug.	Aug.	Jan.-Aug., inc.
Amebiasis (Amoebic Dysentery)...	4	2		1	6	13		62
Anthrax.....								
Botulism.....		1						10
Chancroid.....	1	3	7	6	14	31		214
Chickenpox (Varicella).....	163	136	105	107	95	606	334	23,853
Cholera, Asiatic.....								
Coccidioid granuloma.....		2				2		21
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum).....			1	1	1	4		26
Dengue.....	11	22	21	16	14	84	42	798
Diphtheria.....	7	13	8	13	8	49		281
Dysentery, bacillary.....			2	4	3	9		47
Enecephalitis, infectious.....	5	1				6		19
Epidemic diarrhea of the newborn.....	29	57	32	44	39	201		1,085
Epilepsy.....		2	13	2	7	24		434
Food poisoning.....	50	52	60	53	33	248		13,853
German measles (Rubella).....								
Glanders.....	421	490	573	430	478	2,392	1,394	12,114
Gonococcus infection.....		1				1	2	19
Granuloma inguinale.....	4	5	9	6	26	50	49	10,867
Influenza, epidemic.....	10	2		4		16		202
Jaundice, infectious.....								5
Leprosy.....								
Lymphogranuloma venereum (lymphopatia venereum, lymphogranuloma inguinale).....	3	7	7	4	3	24		153
Malaria.....	3	1	2	1	2	9	13	87
Measles (Rubeola).....	335	303	189	168	156	1,151	475	65,236
Meningitis, meningococcal.....	19	9	10	8	12	58	3	789
Mumps (Parotitis).....	215	175	168	194	164	916	596	25,853
Paratyphoid fever, A and B.....	1			2		3		38
Plague.....								1
Pneumonia, infectious.....	46	31	55	30	50	212	141	3,192
Polio myelitis, acute anterior.....	7	11	15	10	11	54	64	237
Psittacosis.....								2
Rabies, human.....	10	18	19	20	21	88	29	678
Rabies, animal.....								
Relapsing fever.....	10	9	22	8	3	52		398
Rheumatic fever.....	62	59	78	63	86	348	177	7,394
Rocky Mountain spotted fever.....								
Scarlet fever.....	523	668	675	408	676	2,950	1,901	19,299
Septic sore throat, epidemic.....	2	3	1	4	2	12		43
Smallpox (variola).....	2	1	4			7		64
Trachoma.....								31
Trichinosis.....	169	158	155	154	180	816	546	5,376
Tuberculosis, pulmonary.....	8	12	11	11	9	51	47	323
Tuberculosis, other forms.....								2
Tularemia.....	4	4	2	5	1	16	19	191
Typhoid fever.....	2		1		2	5		13
Typhus fever.....	2	5	6	7	5	25	21	196
Undulant fever (Brucellosis).....	58	63	85	66	80	382	723	3,177
Whooping cough (Pertussis).....								
Yellow fever.....								
Totals.....						10,918		202,603

lent in California than in other States which have more rigorous climates. This study indicates that rheumatic fever is a problem in California as well as in other States.



